

PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

20350 7590 10/05/2005

**TOWNSEND AND TOWNSEND AND CREW, LLP
TWO EMBARCADERO CENTER
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SAN FRANCISCO, CA 94111-3834**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

D. Bullock	(Depositor's name)
	
10/13/05	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/017,500	12/14/2001	Motasim Sirhan	020460-001000US	5626

TITLE OF INVENTION: APPARATUS AND METHODS FOR VARIABLY CONTROLLED SUBSTANCE DELIVERY FROM IMPLANTED PROSTHESES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$0	\$0	\$0	01/05/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAN, HIEU	3738	623-001150

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p>	<p>2. For printing on the patent front page, list</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>	<p>Townsend and Townsend 1 _____ and Crew LLP 2 _____ 3 _____</p>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Avantec Vascular Corporation

Sunnyvale, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 12 (previously charged)

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card, Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____

Date 10/13/05

Typed or printed name Nena Bains

Registration No. 47,400

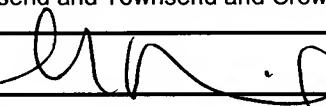
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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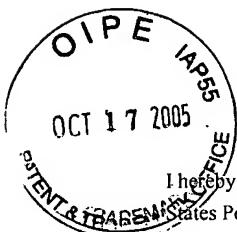
3

<p style="text-align: center;">TRANSMITTAL FORM</p> <p>OCT 17 2005 G55 (to be used for all correspondence after initial filing)</p>		Application Number	10/017,500
		Filing Date	December 14, 2001
		First Named Inventor	SIRHAN, MOTASIM
		Art Unit	3738
		Examiner Name	PHAN, HIEU
Total Number of Pages in This Submission	3	Attorney Docket Number	020460-001000US

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard, Communication re Fees, partially completed PTOL-85		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Nena Bains		
Date	10/13/05	Reg. No.	47,400

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	D. Bullock	Date	10/13/05



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 13, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: [Signature]

PATENT

Attorney Docket No.: 020460-001000US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

SIRHAN, MOTASIM et al.

Application No.: 10/017,500

Filed: December 14, 2001

For: APPARATUS AND METHODS FOR
VARIABLY CONTROLLED SUBSTANCE
DELIVERY FROM IMPLANTED
PROSTHESES

MAIL STOP ISSUE FEE

Examiner: PHAN, HIEU

Technology Center/Art Unit: 3738

Customer No. 20350

COMMUNICATION RE FEES

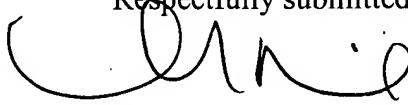
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

As confirmed on attached form PTOL-85, the issue and publication fees were previously paid by the December 14, 2004 submission of form PTOL-85. The attached PTOL-85 fee transmittal form has thus been completed only in numbered sections 2 and 3, as well as in section 4a to confirm that the Advance Order fee was previously paid.

In the event any additional fees are required, they may be charged to the undersigned's Deposit Account No. 20-1430. A copy of this communication is included with this submission.

Respectfully submitted,


Nena Bains
Reg. No. 47,400

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